

**REFERENCE REQUEST FOR:** \_\_\_\_\_

*You must enter your full name before you give this form to your reference for completion.*

The above named person has submitted an application for the **Trustline Registry**. This person has selected you to write a reference statement on his/her behalf.

**If you are related to this person in any way, please do not complete this reference statement.**

Please complete the entire form. Your honest reply will help us ensure high quality, license-exempt child care.

YOUR NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

DAY TIME PHONE NUMBER

(       )

1. How long have you known the person you are writing this reference for?

2. How do you know this person?

3. Please give your opinion of this person's character?

[illegible][illegible]

DATE \_\_\_\_\_